

Paulger & Wisniewski Dermatology, LLP

2202 Ithaca Ave, Lubbock, TX 79410

806-797-1202

PATIENT CONSENT/AUTHORIZATION

I consent to treatment by the providers at Paulger & Wisniewski Dermatology, LLP.
I consent for Paulger & Wisniewski Dermatology, LLP to release, request, and obtain any and all of my medical information for consultation, referral and/or insurance purposes.

Patient/Guardian Signature

Date

I authorize payment of medical benefits to Paulger & Wisniewski Dermatology, LLP for medical services provided when an assigned claim is filed.

Patient/Guardian Signature

Date

I have received Paulger & Wisniewski Dermatology, LLP's Notice of Privacy Practice. The Notice of Privacy Practice explains how my medical information may be disclosed for treatment, payment and operations.

Patient/Guardian Signature

Date

Persons authorized to receive information about my care outside of basic information for treatment, payment and operations are listed below. You may revoke authorizations in writing except where uses/disclosures have already been made upon your original permission.

NAME

RELATIONSHIP

CONTACT NUMBER

Patient/Guardian Signature

Date

Patient Printed Name

Patient Date of Birth